

DGMC INTERNAL MEDICINE NIGHT FLOAT ROTATION

I. Purpose/Rationale/Value:

- a. In an attempt to limit resident work hours a night float system was developed and took effect 7/1/03.
- b. It is expected that each resident on this rotation will acquire:
 - i. The knowledge of a variety of patients with internal medicine problems, through a systematic approach to the patient by taking a thorough problem directed history, performing a careful physical examination and generating a differential diagnosis and plan of treatment.
 - ii. Clinical management and interpersonal skills necessary for recognizing broad clinical syndromes and initiating proper therapy based upon a working knowledge of internal medicine.
 - iii. The professional attitudes and behavior necessary to care for internal medicine inpatients.
 - iv. The experience required to become a proficient general internist.

II. Structure

- a. The night float resident will take over duties and function as the ward resident from 2000-0800 Sunday through Thursday.
- b. From 0700-0800 the night float resident will check-out to the ward and ICU residents.
- c. From 0800-1815 the night float resident will present the most interesting and complex cases to the other residents and to the ward and ICU attendings in the Heme/Onc conference room.
- d. At 0800 that resident (now post call) will assume care for patients admitted overnight to his/her team.
- e. One attending on the ward will be assigned to supervise, precept and evaluate the night float resident. However, while on-call the night float resident will call the attending on-call to discuss admissions, consultations, and cross-cover issues.

III. Objectives

- a. To participate in inpatient care so as to define the etiology, pathogenesis, clinical presentation and natural history of diseases seen during this rotation.
- b. To develop an advanced level of skill at diagnosis and decision making as well as mature judgment and resourcefulness in therapy.
- c. To develop an approach to the ethical, cultural and socioeconomic dimensions of illness.
- d. To develop attitudes and skills needed for continued self-education throughout a professional career.
- e. To recognize the importance of continuum of care and foster continuity of care.

- f. To perform appropriate procedures when needed
- g. To understanding the indications, contraindications and complications of these procedures.
- h. To develop an advanced level of skill at medical history taking and physical examination.
- i. To determine the appropriate diagnostic tests and their interpretation.
- j. To develop appropriate interpersonal relationships with patients, families, other residents, health care workers, and attending physicians.
- k. To develop professional behaviors such as integrity, respect and compassion.

IV. Principal Teaching Methods

Checkout rounds, Openers, and assigned readings are all teaching methods to be utilized during this rotation.

V. Mix of Diseases

A variety of acute medical problems requiring hospitalization to include cardiac, pulmonary, oncologic, gastrointestinal, renal, neurological, and infectious diseases

VI. Patient Characteristics

Patients of both genders with a wide range of ages including patients followed in the Ambulatory Clinics, referrals from VANCA clinics and from other treatment facilities, patients admitted from the Emergency Department, and referrals from other departments within the medical center.

VII. Types of Clinical Encounters

Admission evaluations and continuing hospital care and discharge care of patients admitted to the general medical wards; inpatient consultation from other hospital services. Cross-coverage on patients admitted to other ward teams.

VIII. Principal Ancillary Educational Materials

60th MDG Medical Library
 Virtual library
 Up-to-date
 Med-Line Searches
 Review of Autopsies

IX. Methods to be used for Evaluation

One attending on the ward will be assigned to supervise, precept and evaluate the night float resident. This attending will confer with the other ward and ICU

attendings, review admissions, and review the medical records in evaluating the night float resident. The supervising physician at the end of the rotation will complete the standard house officer evaluation form. Verbal feedback will also be given to the resident at the end of the rotation and mid-way through.

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